

The Power of VA DoD Sharing

Hawaii Collaboration

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System



WHAT IF?

- A uniform referral and document management system existed for each VA/DoD joint venture and sharing site
- All VA workload sent to DoD were accounted for in time for VERA budget formation
- A charge master based billing system billed by episode of care using commercial best practices
- All joint patient data were visible to both parties
- A user friendly analytics tool enabled analysis and forecasting

People-centric Outcome-oriented

Transformational

- Make possible **higher quality** of clinical services and **access** for VA and DoD beneficiaries and outcome measures
- **Add resources** => Add \$4.5 m, a 30% increase annually, in VERA-allocated funding to VAPIHCS and provide additional incentive in sharing
- **Free up resources** => 6 FTE for 3 months on current manual workarounds at VAPIHCS/TAMC
- Standardize costing of clinical services => **improve VA/DoD coordination** of services and **timeliness** of VA/DoD reimbursement
- **Improve planning**, analysis, and reporting by each facility

Agenda

- Background of Hawaii Collaborative
- Creation of DR - Document Management and Referral Management System
- Development of eDR – Enhanced DR
 - Description of Joint Analytical Repository
- Next steps

Background of Hawaii Collaborative

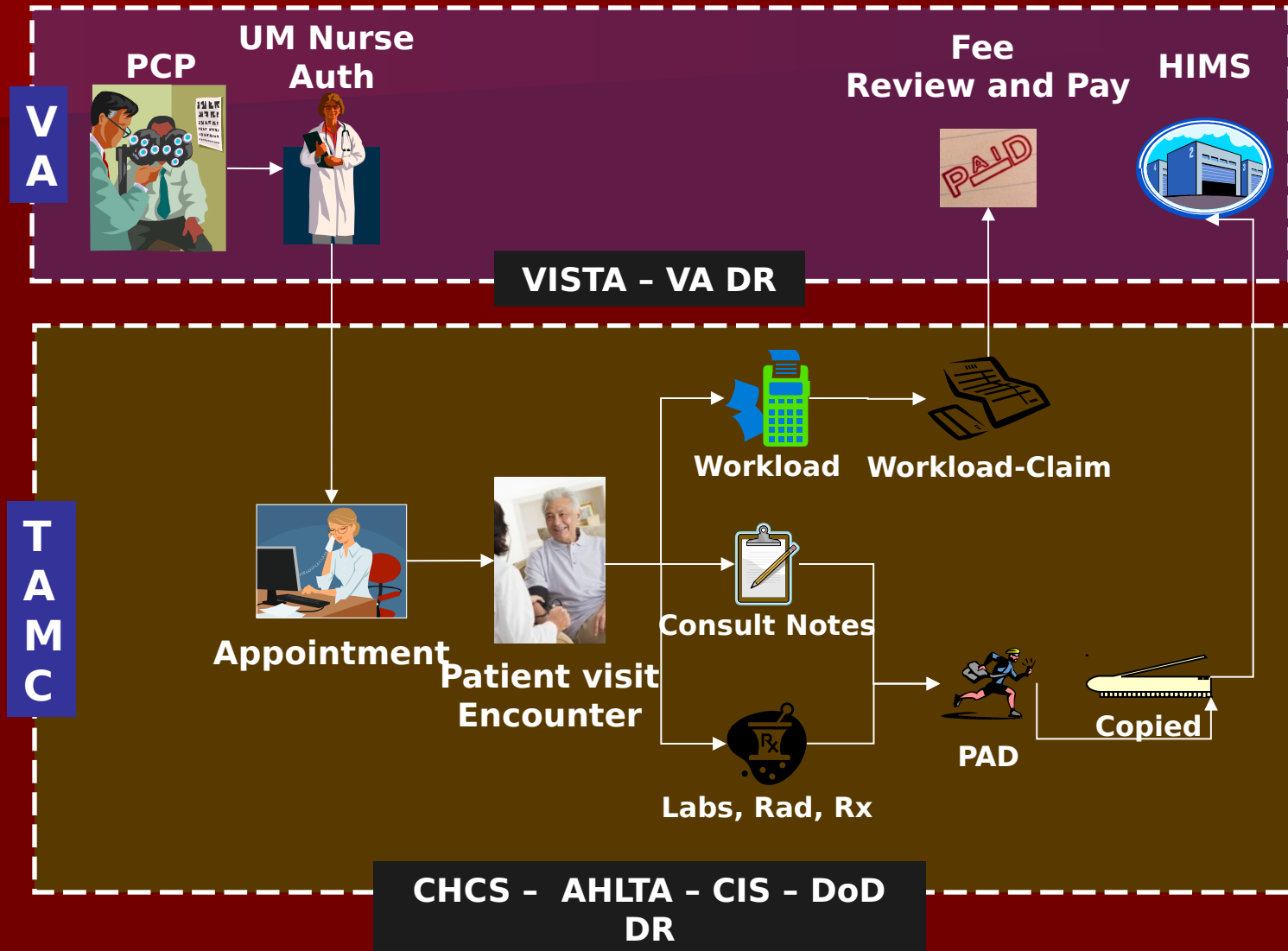
- Largest number of VA patients referred to a DoD MTF in a VA/DoD joint venture
- Greatest rural and remote complexities in service delivery for any joint venture or sharing site
- One of the first designated joint ventures



Creation of Document Management and Referral Management (DR)

- FY 2003 National Defense Authorization Act (NDAA) Demonstration Site Selection Project for “Financial Management”
- 3 Major Studies; 99 Recommendations
- Resulted in the first electronic document management and referral management system specifically designed for joint ventures

Before DR



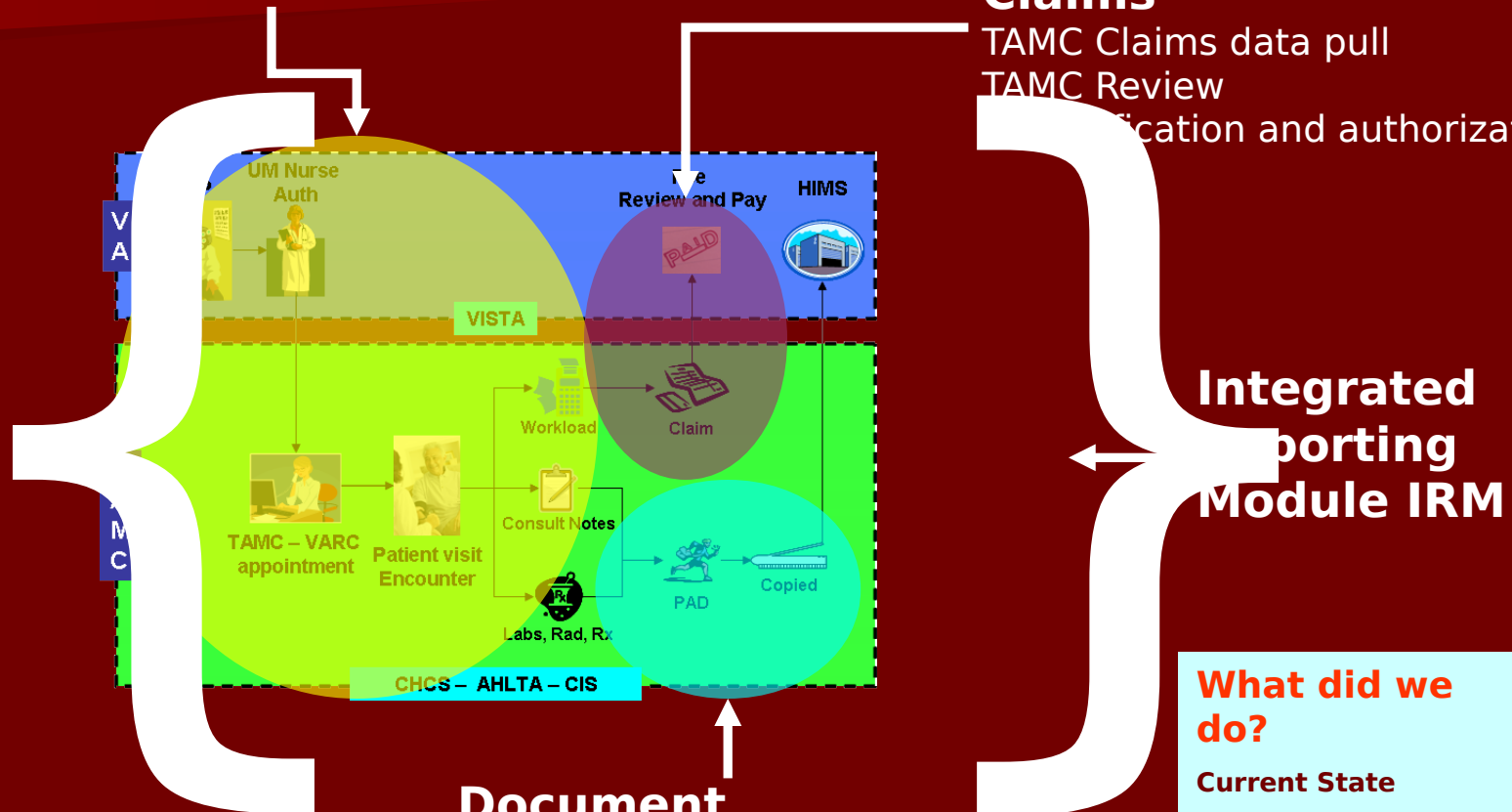
AFTER DR

Referral Management

VISTA and CHCS data pulls
Match referrals with visits

AP, Workload and Claims

TAMC Claims data pull
TAMC Review
Verification and authorization



What did we do?

Current State

Goals

Proposed Solution

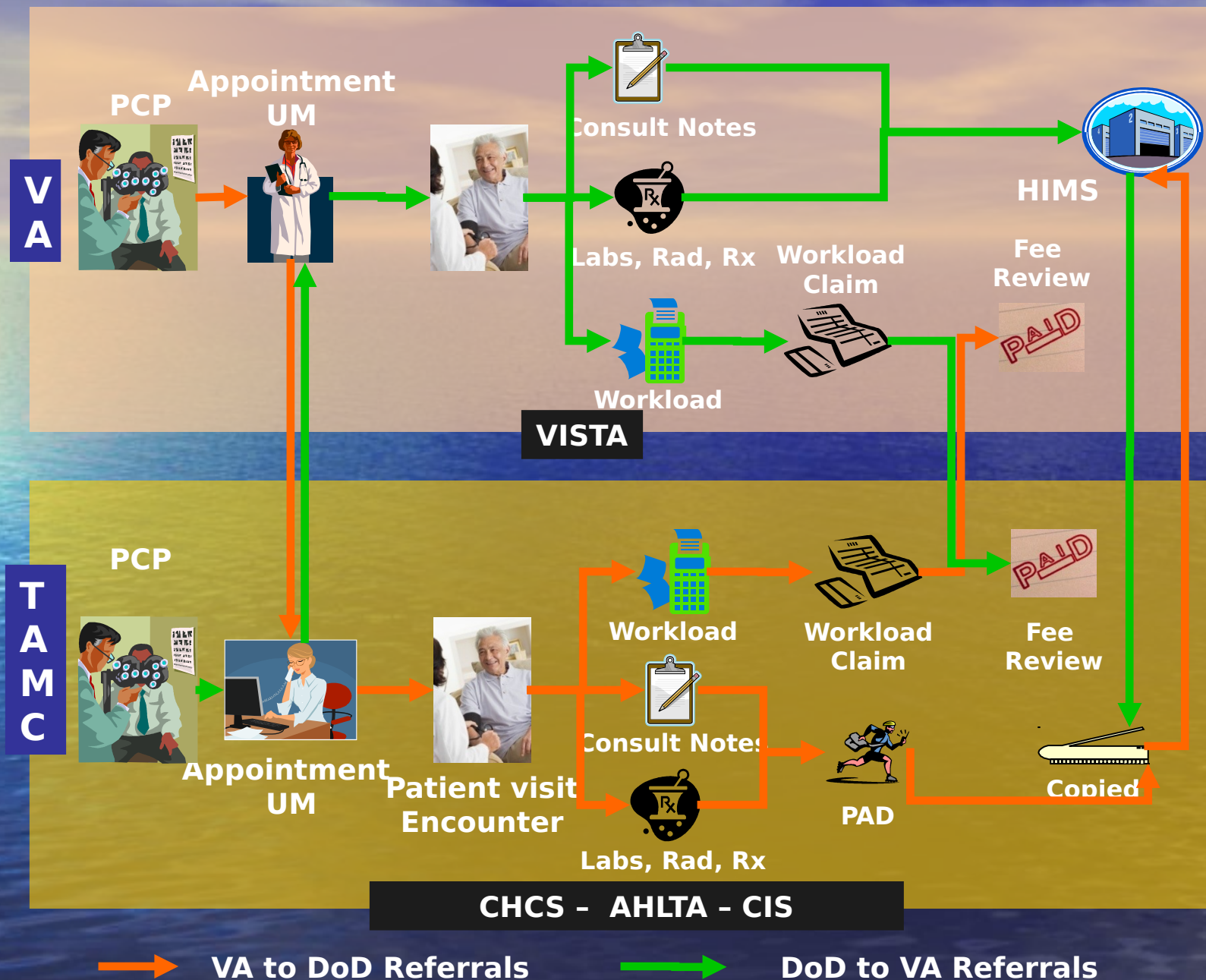
eDR - Enhanced DR

More than just a referral and document management system

4 Modules:

- Bi-directional eDR (Oct 2009)
- Charge Master Billing System (Jan 2010)
- Joint Analytic Repository (Mar 2010)
- VistA Fee/IPAC Interface (Apr 2010)

eDR - Enhanced DR



eDR Analytics Architecture

Joint Analytics Repository Flow Chart

- **eDR**

Document Referral Management System

- **CMBB**

Charge Master Base Billing System

- **VA Data Warehouse**

Proprietary patient information used exclusively by VA for applications and reports

- **DoD Data Warehouse**

Proprietary patient information used exclusively by DoD for applications and reports

- **JAR**

Shared and centralized database containing DoD and VA patient information for reporting.

- **Data Quality Controls**

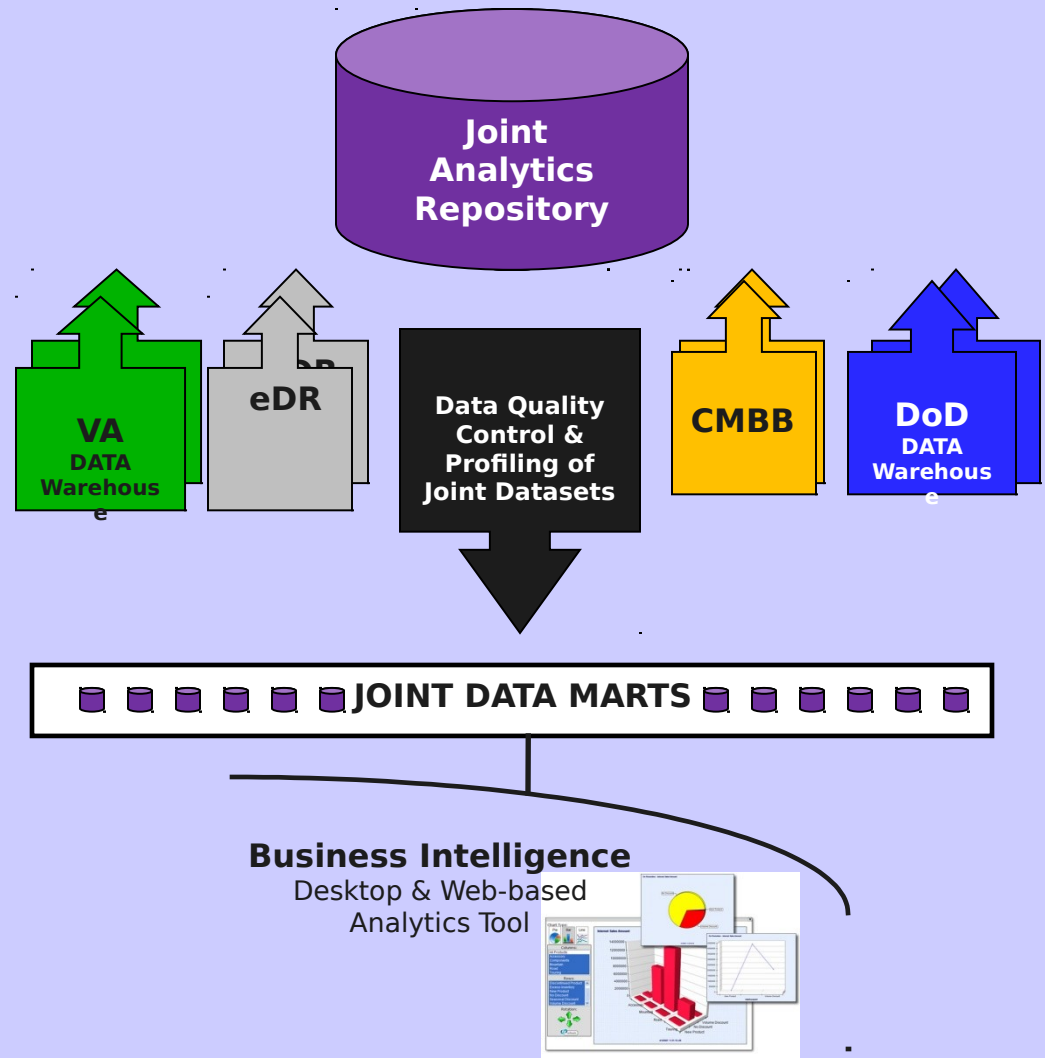
Deployed processes and methodology used to ensure data integrity.

- **Joint Data Marts**

Small dataset that contain predefined and categorized patient information for quick reporting.

- **Business Intelligence**

User friendly desktop and web-based reporting tool that gives end-user the ability to create rich reports independent of IT staff.



Data

EDREncAuthAuthUpd (EDRA...)

Find:

Dimensions

Abc auth_authorizationnumber
Abc auth_clinic
Abc auth_fromdate
Abc auth_patientdob
Abc auth_patientfname
Abc auth_patienticn
Abc auth_patientlname
Abc auth_patientssn
Abc auth_primarycarepractitioner
Abc auth_primarydiagnosis
Abc auth_remarks
Abc auth_requestdate
Abc auth_requestingprovider
Abc auth_servicerequested
Abc auth_todate
Abc auth_urgency
Abc auth_vendor
Abc cre_date
Abc enc_appointmentid
Abc enc_apptdatetime
Abc enc_appttype
Abc enc_commandinterestcategory
Abc enc_cptcodes

Measures

auth_servicepercentage
auth_tamc_id
upd_servicepercentage
Number of Records
Measure Values

Filters

YEAR(enc..)

Marks

Bar

Text:

Color:

Size:

Level of Detail:

Columns

CNT(Number of Reco..)

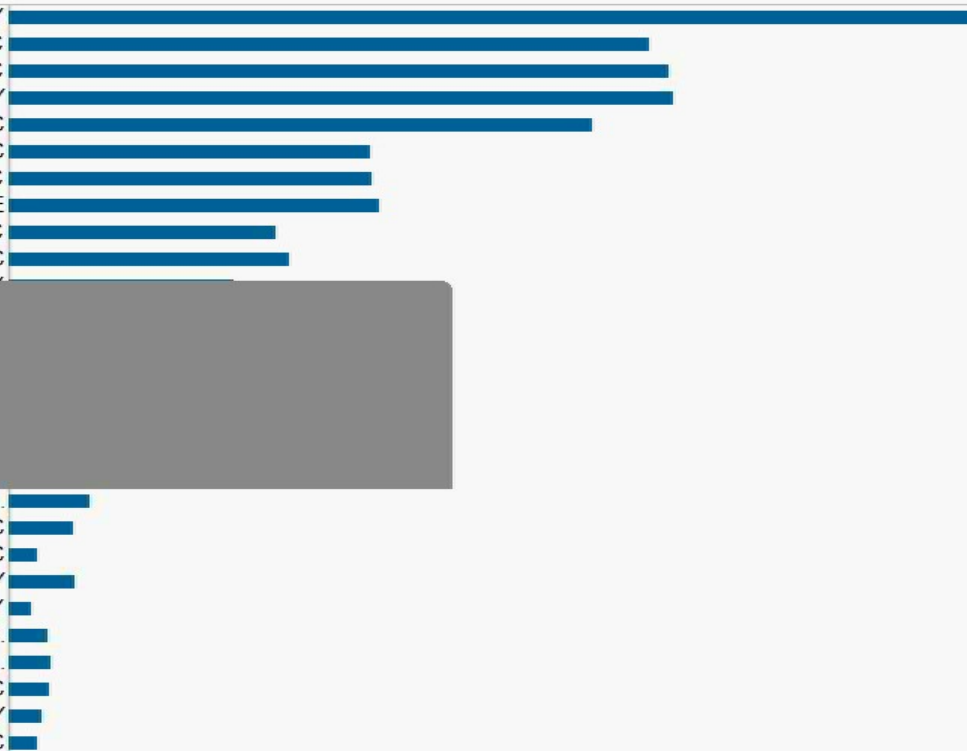
Rows

TAMC Clinic

Title

VA Referrals Matched to TAMC Appointments FY08

TAMC Clinic
UROLOGY
ORTHOPEDIC CLINIC
GENERAL SURGERY CLINIC
RADIATION ONCOLOGY
OPHTHALMOLOGY CLINIC
EAR NOSE & THROAT CLINIC
CARDIOLOGY CLINIC
CARDIOLOGY PROCEDURE
VASCULAR SURGERY CLINIC
TEACHING SAC
CHEMOTHERAPY
ONCOLOGY
PAIN REHAB
HEAD AND NECK
INFECTIOUS DISEASE
NEUROSURGERY
PULMONARY
CAST
VASCULAR PROCEDURE CLINI..
CARDIOTHORACIC SURG SVC
SPEECH PATHOLOGY CLINIC
SDS OPHTHALMOLOGY
GYNECOLOGY
PULMONARY FUNCTION LABO..
OCCUPATIONAL THERAPY CLI..
ALLERGY IMMUNOLOGY CLINIC
PLASTIC SURGERY
DERMATOLOGY CLINIC
ADULT



NEXT STEPS

- Build a dialogue with other VA/DoD sharing sites
 - Identify and assess needs and potential benefits
 - Identify desired features
 - Provide input - during development of four eDR modules and upon national release of VistA Fee IPAC patch (automated VA workload) to VA medical centers January 2010
 - Provide input - during development of documents and materials
- Develop, test, gain certification, and release to other VA/DoD sharing sites
 - Consistent with VA, DoD, and VA/DoD Joint Executive Council review and approval
 - Proposed JIF Funding will pay for site implementation for those joint venture and sharing sites that desire to use
 - No other joint venture business applications are available

There is more to Paradise than Beaches and Bikinis





VistA Fee/IPAC

Just In Case You Wanted to
Know

VistA Fee/IPAC

- What is it?
 - Benefits
- Status of Development
 - Summary



What is it?



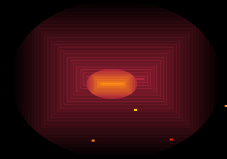
- Complies with the Department of Treasury mandate to pay other federal agencies using the Intra-Governmental Payment and Collection System (IPAC).
- VistA Fee/IPAC is a patch to the VistA Fee system that will permit VA to pay DoD within the VistA system
- Permits workload to be captured that will be counted towards VERA budget

Benefits

- Workload captured 'in-system'
- VERA allocation should increase due to 100% workload capture
- Non VA Fee reports for VA patients referred to DoD can be run
- MCCF collections could increase



Status Of Development



- Effort started in April 2006
- Approval won in July 2008
- Funding occurred in November 2008
- Project development started in December 2008
- Projected Beta test in Hawaii December 2009-January 2010
- Roll out to all VA facilities January-February 2010

Summary

- VistA Fee/IPAC will be a positive incentive for sharing
 - Takes away disincentive for VA partner of negative budget impact for lost workload/lost revenue
- VistA Fee/IPAC will be first joint venture tool to speed up payments for care received

